

United States Bankruptcy Court District of Puerto Rico					Voluntary Petition						
Name of Debtor (if individual, enter Last, First, Middle): MEDSCI DIAGNOSTICS, INC					Name of Joint Debtor (Spouse) (Last, First, Middle):						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):					All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):						
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 66-0690676					Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):						
Street Address of Debtor (No. and Street, City, and State): CONDOMINIO SON SID -- SUITE 1 1319 Ashford Ave. <div>ZIP CODE 00907</div>					Street Address of Joint Debtor (No. and Street, City, and State): <div>ZIP CODE</div>						
County of Residence or of the Principal Place of Business: San Juan					County of Residence or of the Principal Place of Business:						
Mailing Address of Debtor (if different from street address): CONDOMINIO SON SID -- SUITE 1 1319 Ashford Ave. SAN JUAN PR 00907 <div>ZIP CODE 00907</div>					Mailing Address of Joint Debtor (if different from street address): <div>ZIP CODE</div>						
Location of Principal Assets of Business Debtor (if different from street address above): <div>ZIP CODE</div>											
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or house- hold purpose.” <input checked="" type="checkbox"/> Debts are primarily business debts.						
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court’s consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court’s consideration. See Official Form 3B.					Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor’s aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).						
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000											
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input checked="" type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion											
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion											

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s):	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case.)*

Name of Debtor(s):

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney*

X /s/ EDGARDO MUNOZ

Signature of Attorney for Debtor(s)

EDGARDO MUNOZ

Printed Name of Attorney for Debtor(s)

Firm Name

EDGARDO MUNOZ, PSC

Address GPO BOX 360971

SAN JUAN PR 00936-0971

787-524-3888

Telephone Number

6/5/2010

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Ralph Vallone

Signature of Authorized Individual

Ralph Vallone

Printed Name of Authorized Individual

Vice President

Title of Authorized Individual

6/5/2010

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

CERTIFICATE OF CORPORATE RESOLUTION

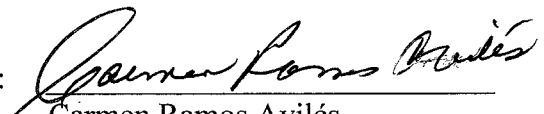
I, Carmen Ramos Avilés, of legal age, married secretary of MEDSCI DIAGNOSTICS, INC. , and resident of San Juan do hereby CERTIFY that the following resolution was approved by the corporation set forth below:

1. At the meeting held on May 7th, 2010 the Board of Directors of MEDSCI DIAGNOSTICS, INC. agreed to file a bankruptcy petition under the provisions of Chapter 11 of the Bankruptcy Code.
2. That the corporation has been informed and counseled of the meaning of the Chapter 11 of the Bankruptcy Code.
3. That at the meeting of shareholders held on the same date, the decision to file under Chapter 11 was unanimously approved.
4. That it was also agreed that the services of attorney EDGARDO MUÑOZ of the firm EDGARDO MUÑOZ, PSC would be retained for such purposes.
5. That it was also agreed that either Ralph Vallone or Osvaldo Carlo Linares are authorized to execute and sign the Petition, Schedules and Statement of Financial Affairs and any other document related to the bankruptcy filing.

IN WITNESS HEREOF and certified under penalty of perjury that the foregoing is correct, I hereby sign this Resolution this 7th day of May, 2010.

[seal]

BY:


Carmen Ramos Avilés
Secretary of the Corporation

United States Bankruptcy Court

_____ District Of PUERTO RICO _____

In re

MEDSCI DIAGNOSTICS, INC

Case No. 10- _____

Debtor

Chapter 11 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ Hr rate \$275

Prior to the filing of this statement I have received a retainer of \$ \$10,000 see ¶5.e

Balance Due \$ PEND. APPLIC.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

The \$1,039 was advanced by debtor to cover the filing fees. Additionally, a retainer of \$10,000 was received to be credited toward fee applications to be filed with the court.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

6/5/2010

Date

/s/ EDGARDO MUNOZ

Signature of Attorney

EDGARDO MUNOZ PSC

Name of law firm

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

In re

MEDSCI DIAGNOSTICS, INC.

Debtor

CASE NO.

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 USC §101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parents or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 USC § 112 and Fed. R. Bankr. P. 1007(m).

CARLOS A. SUAREZ
PBM 396,
405 ESMERALDA AVE
GUAYNABO, PR 00969-4457
787-448-0037 \$ 300.00

CRIM
PO BOX 195387
SAN JUAN , PR 00919-5387..... \$771,884.32

DE LAGE LANDEN FINANCIAL SERVICES
PO BOX 41601
PHILADELPHIA, PA 19101-1601..... \$234.18
787-641-4690

DIAGNOSTIC IMAGING SUPPLIES & SERVICES
PO BOX 9326
SAN JUAN, PR 00922-1923..... \$263,899.35
787-781-3477

DIAGNOSTIC PRODUCT FOR IMAGING, INC.
AMELIA DISTRIBUTION CENTER

DIANA STREET #43
 GUAYNABO, PR 00969. \$134,239.41
 787-783-2650

DR. FELIX APONTE LA LUZ
 PO BOX 1330
 CAGUAS, PR 00726-1330. \$14,850.00
 787-586-6789

DR. OSCAR ZAVALA
 COND. PASARELLA CONDADO
 1210 MAGDALENA AVE APT 801
 SAN JUAN, PR 00907. \$45,460.00
 787-470-4438

EASY FINANCE
 PO BOX 3123
 BAYAMÓN, PR 00960-3123. \$5,129.99

EL COMANDANTE OFFICE SUPPLIES
 AVE. SAN MARCOS EDF.B-2
 URB. INDUSTRIAL EL COMANDANTE
 CAROLINA, PR 00982.. \$575.58
 787-769-2509

HITACHI MEDICAL SYSTEMS AMERICA, INC.
 1959 SUMMIT COMMERCE PARK
 TWINSBURG, OH 44087.. \$385,175.06
 330-425-1313

INTERNAL REVENUES SERVICES
 (SOC. SEC.& MEDICARE)
 PO BOX 105273
 ATLANTA , GA 30348-5273. \$1,216.61

RECOMS REALTY
 1509 LOPEZ LANDRON PH
 SAN JUAN, PR 00911. \$1,780.90
 787-300-6483

RELIABLE FINANCIAL SERVICES, INC.
 9615 AVE. LOS ROMEROS
 SUITE 1100 URB. MONTEHIEDRA
 SAN JUAN , PR 00926.. \$12,743.28

SECRETARIO DE HACIENDA
 NEGOCIADO DE CONTRIBUCION SOBRE INGRESOS
 PO BOX 2501

SAN JUAN , PR 00902-2501. \$715.54

Aeronet Wireless Broad
 PO BOX 270013

SAN JUAN, PR 00927-0013 \$4,744.65
 787-273-4143

Jet Diagnostic
 PO Box 70169

SAN JUAN, PR 00936 \$7,400.00
 787-767-0000

Julio Pellot
 PO Box 1282

Trujillo Alto PR 00977-1282 \$99.05
 787-755-4083

Ana Monica Vizcarrondo
 AN 22 Calle Rio Manati
 Rio Hondo II

Bayamon PR 00961 \$9,751.07
 787-221-5722

Roxanna Pabon
 # 227 C-2 Apt. B- 324
 Parque de Arcoiris

Trujillo Alto PR00975 \$3,801.54
 787-587-2723

Barbara G Febres Elias
 Cond Intersuites Apt 1 A
 Marginal 3000

Carolina PR 00979. \$617.26

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of _3_ pages, is true, correct and complete to the best of my knowledge.

Date: 6/5/2010

/s/ RALPH VALLONE, ESQ
Vice-president

MEDSCI DIAGNOSTICS, INC
CONDOMINIO SON SID -- SUITE 1
1319 Ashford Ave.
SAN JUAN PR 00907

List of Equity Security Holders

RALPH VALLONE, ESQ.
CONDOMINIO SON SID -- SUITE 1
1319 Ashford Ave. SAN JUAN PR 00907

OSVALDO CARLO, ESQ
1509 LOPEZ LANDRON
PISO 10
SAN JUAN, PR 00911

UNITED STATES BANKRUPTCY COURT
District of Puerto Rico

In re

MEDSCI DIAGNOSTICS, INC

Debtor

Case No.

Chapter 11

VERIFICATION OF List of Equity Security Holders

I hereby certify under penalty of perjury that the attached List of Equity Security Holders which consists of _2_ pages, is true, correct and complete to the best of my knowledge.

Date : 6/5/2010

/s/ RALPH VALLONE, ESQ
Vice-president

MEDSCI DIAGNOSTICS, INC
CONDominio SON SID -- SUITE 1
1319 Ashford Ave. SAN JUAN PR 00907

List of Creditors

MEDSCI DIAGNOSTICS, INC
CONDOMINIO SON CID -- SUITE 1
1319 Ashford Ave. SAN JUAN PR 00907

SCOTIABANK/ RG PREMIER BANK
PO BOX 362394
SAN JUAN , PR 00936-2394

CARLOS A. SUAREZ
PBM 396,
405 ESMERALDA AVE
GUAYNABO, PR 00969-4457

CRIM
PO BOX 195387
SAN JUAN , PR 00919-5387

DE LAGE LANDEN FINANCIAL SERVICES
PO BOX 41601
PHILADELPHIA, PA 19101-1601

DEPARTAMENTO DEL TRABAJO
Y RECURSOS HUMANOS- DESEMPLEO)
SECCION DE CONTRIBUCION
PO BOX 191021
SAN JUAN , PR 00919-1021

DEPARTAMENTO DEL TRABAJO
Y RECURSOS HUMANOS- INC.)
SECCION DE CONTRIBUCION
PO BOX 191020
SAN JUAN , PR 00919-1020

DIAGNOSTIC IMAGING SUPPLIES & SERVICES
PO BOX 9326
SAN JUAN, PR 00922-1923

DIAGNOSTIC PRODUCT FOR IMAGING, INC.
AMELIA DISTRIBUTION CENTER
DIANA STREET #43
GUAYNABO, PR 00969

DR. FELIX APONTE LA LUZ
PO BOX 13330
CAGUAS, PR 00726

DR. OSCAR ZAVALA
COND. PASARELLA CONDADO
1210 MAGDALENA AVE APT 801
SAN JUAN, PR 00907

EASY FINANCE
PO BOX 3123
BAYAMÓN, PR 00960-3123

EL COMANDANTE OFFICE SUPPLIES
AVE. SAN MARCOS EDF.B-2
URB. INDUSTRIAL EL COMANDANTE
CAROLINA, PR 00982

HITACHI MEDICAL SYSTEMS AMERICA, INC.
1959 SUMMIT COMMERCE PARK
TWINSBURG, OH 44087

INTERNAL REVENUES SERVICES
(SOC. SEC.& MEDICARE)
PO BOX 105273
ATLANTA , GA 30348-5273

INTERNAL REVENUES SERVICES
(FEDERAL UNEMPLOYMENT)
PO BOX 105273
ATLANTA , GA 30348-5274

LAUSELL & CARLO
1509 LOPEZ LANDRON
PISO 10
SAN JUAN, PR 00911

MBI DIAGNOSTIC IMAGING, INC.
PO BOX 157
BAYAMON, PR 00960-9141

PUERTO RICO HOSTING
PO BOX 375308

CAYEY, PR 00737

PUERTO RICO TELEPHONE
PO BOX 71535
SAN JUAN, PR 00936-8635

RECOMS REALTY
1509 LOPEZ LANDRON PH
SAN JUAN, PR 00911

REGULATORY COMPLIANCE SERVICES
1509 LOPEZ LANDRON PH
SAN JUAN, PR 00911

RELIABLE FINANCIAL SERVICES, INC.
9615AVE. LOS ROMEROS
SUITE 1100 URB. MONTEHIEDRA
SAN JUAN , PR 00926

RG PREMIER BANK
PO BOX 2510
GUAYNABO, PR 00970-2511

RICOH
AVE. PONCE DE LEON 431
EDF NACIONAL PLAZA SUITE 1700
SAN JUAN, PR 00917

RIOS AIR CONDITIONING
1608 CALLE LIRIOS URB. ENCANTO
JUNCOS, PR 00777-7786

SECRETARIO DE HACIENDA
NEGOCIADO DE CONTRIBUCION SOBRE INGRESOS
PO BOX 2501
SAN JUAN , PR 00902-2501

SEC DE HACIENDA
P.O. BOX 9024140
SAN JUAN, P.R. 00902-4140

IRS
INTERNAL REVENUE SERVICE CENTER

KANSAS CITY, MO 64999

Aeronet Wireless Broad
PO BOX 270013
SAN JUAN, PR 00927-0013

Jet Diagnostic
PO Box 70169
SAN JUAN, PR 00936

Roxanna Pabon
227 C-2 Apt. B- 324
Parque de Arcoiris
Trujillo Alto PR00975

Gloria Flores
Villas de Gurabo
Gurabo PR 00778

Julio Pellot
PO Box 1282
Trujillo Alto PR 00977-1282

Ana Monica Vizcarrondo
AN 22 Calle Rio Manati
Rio Hondo II
Bayamon PR 00961

Barbara G Febres Elias
Cond Intersuites Apt 1 A
Marginal 3000
Carolina PR 00979

UNITED STATES BANKRUPTCY COURT
District of Puerto Rico

In re

MEDSCI DIAGNOSTICS, INC

Debtor

Case No.

Chapter 11

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 4 pages, is true, correct and complete to the best of my knowledge.

Date : 6/5/2010

/s/ RALPH VALLONE, ESQ
Vice-president

MEDSCI DIAGNOSTICS, INC
CONDominio SON SID -- SUITE 1
1319 Ashford Ave.
SAN JUAN PR 00907